

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813085

Entity Name: UNION NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**3636 S SHERWOOD FOREST BLVD
BATON ROUGE, LA 70816**Current Mailing Address:**12115 LACKLAND RD
ST LOUIS, MO 63146 US**FEI Number: 72-0340280****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KONAR, EDWARD J
Address	12115 LACKLAND RD
City-State-Zip:	ST. LOUIS MO 63146

Title	COO
Name	MYERS, THOMAS D
Address	12115 LACKLAND RD
City-State-Zip:	SAINT LOUIS MO 63146

Title	S
Name	CAMILLO, JOHN R
Address	12115 LACKLAND RD
City-State-Zip:	SAINT LOUIS MO 63146

Title	SVP
Name	MILLER, RICHARD J
Address	12115 LACKLAND RD
City-State-Zip:	SAINT LOUIS MO 63146

Title	SVP
Name	QUAGLIA, DEBORAH L
Address	12115 LACKLAND RD
City-State-Zip:	SAINT LOUIS MO 63146

Title	SVP
Name	COLLINS, JAMES J
Address	12115 LACKLAND RD
City-State-Zip:	ST. LOUIS MO 63146

Title	TREASURER
Name	KAUFMANN, TAL B
Address	12115 LACKLAND RD
City-State-Zip:	ST LOUIS MO 63146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. CAMILLO**SECRETARY****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date